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CONFIRMATION NO. 9752

SERIAL NUMBER 10/764,786	FILING OR 371(c) DATE 01/26/2004 RULE	CLASS 424	GROUP ART UNIT 1618	ATTORNEY DOCKET NO. SAR 15036
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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/442,859 01/27/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/04/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>gn</i>	STATE OR COUNTRY NJ	SHEETS DRAWING 7	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
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ADDRESS
58882

TITLE
Controlled-release drug delivery system

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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